



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90008 042 ***150.00

DOCUMENT # P01000106366					
1. Entity Name JACOB'S TECHNOLOGY SOLUTIONS CORP.					
Principal Place of Business 3871 OPEN CREEK COURT JACKSONVILLE, FL 32224			Mailing Address 3871 OPEN CREEK COURT JACKSONVILLE, FL 32224		
2. Principal Place of Business 4090 Hodges Blvd Suite, Apt. #, etc. Apt #1801 City & State Jacksonville, FL Zip 32224 Country USA		3. Mailing Address 4090 Hodges Blvd Suite, Apt. #, etc. Apt #1801 City & State Jacksonville, FL Zip 32224 Country USA			
4. FEI Number 59-3755362				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASTOR, HECTOR R 3871 OPEN CREEK COURT JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name <u>PASTOR, HECTOR R.</u> Street Address (P.O. Box Number is Not Acceptable) 4090 Hodges Blvd #1801 City <u>Jacksonville</u> FL Zip Code <u>32224</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME PASTOR, HECTOR R STREET ADDRESS 3871 OPEN CREEK COURT CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE PSTO NAME PASTOR, HECTOR R STREET ADDRESS 4090 Hodges Blvd #1801 CITY-ST-ZIP Jacksonville, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME PASTOR, KATHY J STREET ADDRESS 3871 OPEN CREEK COURT CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE VD NAME PASTOR, KATHY J STREET ADDRESS 4090 Hodges Blvd #1801 CITY-ST-ZIP Jacksonville, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME PASTOR, HECTOR R STREET ADDRESS 3871 OPEN CREEK COURT CITY-ST-ZIP JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Hector R. Pastor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/11/04</u> Daytime Phone # <u>(904) 343-7677</u>		



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- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

Attachment

24015251

P01000106366

May 12, 2004

Division of Corporations
Annual Reports Filing
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Profit Corporation Annual Report
Document P01000106366-Jacob's Technology Solutions Corp

Dear Sir/Madam,

Please see the attached Corporate Report for our client listed above. We ask that you accept the enclosed application and payment of \$150.00 for the 2004 period.

Mr. Pastor, President of the above Corporation, did not receive his report for this registration period. He has had a change of address and completed the necessary paperwork to notify the Post Office to forward all mail. Upon completion of his tax interview, it was determined that the report had not been received nor filed. We promptly prepared the document and are now forwarding them to you. Mr. Pastor is very diligent in forwarding all government paperwork to us and paying fees and taxes timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Uniform Business Report
Check # 4125